



Breach of Contract Complaint Form

for Property Owners and Primary Contractors
(Large Commercial)

Before filling out a complaint, you may want to read “Resolving Disputes With Your Contractor.”
<https://www.oregon.gov/CCB/Documents/pdf/resolvingdisputeswithyourcontractor.pdf>

You may also want to view the license of the contractor you are filing against and verify that they hold a commercial endorsement. You can do this at www.oregon.gov/CCB

If you are filing against a commercial contractor, you must file a court action or begin arbitration *before* filing a complaint with us.

You must deliver a copy of the court/arbitration filing and a completed CCB complaint form to the CCB and to the contractor’s bonding company by certified mail, return receipt requested *within* 90 calendar days after you file the court complaint or begin arbitration *and* at least 30 days *before* a judgment/arbitration award is issued.

You will need certain required documents for your complaint.

- A *Completed* Breach of Contract Complaint form.
- **All** documentation showing a contractual relationship. (example: copy of the contract, invoices, estimates, front & back copy of checks, etc.)
- A copy of your court/arbitration filing.

We can process your complaint more quickly if you:

- Use only 8 ½ by 11 size paper. Small items should be taped to blank paper. No staples.
- Send legible copies, not originals and if handwritten, use a black ink pen (not pencil).
- Use white or light paper – other colors do not copy well and do not highlight portions of documents.
- Do not submit documents in binders, notebooks, flash drives, or compact discs.
- Do not submit photographs.

Submit your complaint by fax at 503-373-2007, by e-mail at disputes@ccb.state.or.us or by regular mail to CCB, Attn: Dispute Resolution, PO Box 14140, Salem, OR 97309-5052.

If you need any assistance, either e-mail us at disputes@ccb.state.or.us or call us at 503-934-2247.

Construction Contractors Board OFFICE DATE STAMP
 PO Box 14140
 Salem, OR 97309-5052

THIS SECTION FOR OFFICE USE ONLY		
File Number		
License Dates:		
90 Day Period	License Type	Complaint Type

BREACH OF CONTRACT COMPLAINT
 Owner or Primary Contractor

1. Person Making Complaint Name:			2. Complaint Against Name:		
Business Name(if Applicable):			Company:		CCB #:
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	County:	City:	State:
					Zip Code:
Work Phone:	Home Phone:	Cell Phone:		Phone Numbers with Area Codes:	
Email Address:			Email Address:		
Are you a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes: CCB License #:		
3. Job Site Address Street:			5. Nature of Complaint <input type="checkbox"/> Complaint by Owner <input type="checkbox"/> Construction Lien Filed <input type="checkbox"/> Complaint by Primary Contractor against Subcontractor NOTE: DO NOT USE THIS FORM if you are a subcontractor, material/equipment supplier or an employee.		
City:			State:		
		Zip Code:	County:		
4. Contract <input type="checkbox"/> Oral (Submit checks & invoices to verify contractual relationship) <input type="checkbox"/> Written (Complete copy of contract must be attached)			6. Other Filings (Check only the boxes that apply) <input type="checkbox"/> Another CCB complaint has been filed regarding this property. CCB File No.(s): _____ <input type="checkbox"/> This issue has been submitted to a court or arbitration for determination or resolution, and the details are attached.		
Contract Date: _____			7. If you are an Owner: Did the contractor give you the following Notices?		
Total Contract Amount: \$ _____			Info Notice About Const.Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Paid to Contractor: \$ _____			Consumer Protection Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Work Started: _____			Notice of Procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Contractor Ceased Work: _____			8. Employees Were there employees of the contractor on the job during construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What work was to be performed under the contract? (Example: build house; install a roof)			9. Corrections Has the work been corrected at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you hired another contractor to correct the work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For New Home Construction Only					
Date Structure Completed:					
Date of Actual Occupancy:					
10. Structure Type <input type="checkbox"/> Small Commerical <input type="checkbox"/> Large Commercial					
11. Pre-Complaint Notice You MUST include a copy of the notice and proof of certified mailing.			Date Mailed: _____		

**RETURN ALL PAGES TO CONSTRUCTION CONTRACTORS BOARD
 DO NOT SEND PROCESSING FEE WITH THIS FORM**

